

COUNTY REPRESENTATIVE:

Name	County
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Address	City	State	Zip	Phone
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MEDICAL #: _____ SS#: _____

PARENTS:

Father	Address	City	State	Zip	Phone
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Birthplace	Birthdate	Occupation
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Religion	Marital Status
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Mother	Address	City	State	Zip	Phone
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Birthplace	Birthdate	Occupation
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Religion	Marital Status
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SIBLINGS:

Child: _____ Sex: _____

Birthdate: ____/____/____ Age: _____

School Attending: _____ Grade: _____

Living Situation: _____ Home _____ Out of Home

Child: _____ Sex: _____

Birthdate: ____/____/____ Age: _____

School Attending: _____ Grade: _____

Living Situation: _____ Home _____ Out of Home

Developed: 6/68

Revised: 8/81; 7/83; 11/83; 10/90; 3/98; 3/03; 04/05

NORTHWOOD CHILDREN’S SERVICES
STATEMENT OF FINANCIAL RESPONSIBILITY

STUDENT’S NAME: _____

SOCIAL SECURITY NUMBER: _____

DATE OF BIRTH: _____ SEX: M _____ F

ADMITTED TO: _____ Date of Entry _____

1. Does student have any insurance coverage?

MA: _____ Private Insurance: _____ PMAP: _____

2. If student has private insurance

_____ will guarantee payment in the event that private insurance is terminated or denied.

Authorized Signature
(Policy holder or county)

_____ will be responsible for co pays and deductibles.

Authorized Signature
(Policy holder or county)

*** MA backup may not cover residential treatment**

_____ will be responsible to communicate denial information and Explanation of Benefits information to Northwood Children’s Services

Authorized Signature
(Policy holder or county)

_____ will reimburse Northwood for any and all checks sent directly to plan holder for services provided by Northwood Children’s Services

Authorized Signature
(Policy holder or county)

3. If student does not have insurance, who will be responsible for cost of services?

County: _____ School: _____ Parent(s): _____

Billing Address: _____

Authorized Representative: (policy holder) _____

Please sign authorizing Northwood Children’s Services and/or Human Development Center to bill private insurance, or PMAP.

ADMISSION CANNOT TAKE PLACE UNLESS THIS FORM IS SIGNED Revised 9/02; 3/03

NORTHWOOD CHILDREN'S SERVICES

PLACEMENT AGREEMENT

EFFECTIVE DATE:

CHILD'S NAME:

This Agreement is entered into as of the effective date first written above by and between Northwood Children's Services, hereinafter referred to as the "Facility", and the Parents or Legal Guardians of the child first written above hereinafter referred to as the "Parents", and the Placing County Social Service Agency hereinafter referred to as the "Placing Agency";

Whereas, the Facility operates a 24 hour per day residential treatment program for emotionally disturbed, developmentally disabled, learning and neurologically impaired boys and girls; and,

Whereas, the Facility has approved for admission and intends to accept this child into its program for the purpose of providing residential treatment services, according to the Facility's admission criteria; and,

Whereas, the Parents, Placing Agency has requested and approved this child's admission into the Facility's program and has provided the Facility with the following admission materials;

1. Referral materials, family history, including physical health, mental health, and social history;
2. Medical history of the child for the past three (3) years;
3. Physical examination completed by a medical doctor within thirty (30) days of admission;
4. Verification of the child's birth;
5. Complete immunization history;
6. Assurance that the child cannot be maintained in a less restrictive environment within the community;
7. The legal status of the child;
8. The Placing Agency's service plan to the Parents;
9. Educational materials of the child including current IEP;
10. Psychological and/or psychiatric tests and reports;
11. A court order, if appropriate, on the child;
12. A tentative discharge plan and living resource for the child; and,
13. Verification of the Parent's application for social services from the Placing Agency;

14. Preplacement authorization from insurance company (if applicable.)
15. Diagnostic Assessment (letter and description attached)
16. Functional Assessment (form attached)

Whereas, the Facility believes treatment services can most effectively be provided and treatment success assured when certain agreements are understood and accepted by all the parties;

Thus, the parties mutually agree to the following:

General Conditions of Agreement:

Assurances: The Facility commits itself to the following assurances in its relationship to the child, Parents, and Placing Agency:

1. No child shall be admitted to the Facility if in the judgment of the Facility the presence of the child to be admitted will be damaging to the ongoing functioning of the group and/or the children already in care;
2. The Facility will ensure that each child, upon placement is checked for illness, fever, rashes, bruises, and injury; the child will be asked if he/she has any physical complaints, and the results of this procedure shall be documented and maintained in the child's record;
3. The Facility will provide treatment services that are carefully planned in accord with overall objectives of the Parents and which will appropriately serve the needs of the individual child;
4. The Facility shall work together with the Parents as "Partners" in its treatment delivery system;
5. The Facility shall have as its prime goal the return of the individual child to the Parents and the community as quickly as possible, and, to provide the best possible care and treatment of the child in order to increase the opportunities for successful residential treatment;
6. Each child shall be assigned a Team Supervisor at the Facility who will be the primary treatment coordinator for the child's program and whom the Parents may contact at any time;
7. The Facility does not discriminate in its admission procedures on the basis of Race, Creed, Color, Religion, Sex, or National Origin;
8. The Facility will not admit into its program any child whose needs cannot adequately be met in its program, including a child in need of primary chemical dependency treatment or detoxification;
9. The Facility will conduct a comprehensive assessment of the child upon admission and on the basis of this assessment will develop, within ten (10) days of admission, a written, specific, measurable, and goal-oriented individual developmental plan for the child; this developmental plan shall be reviewed and revised as frequently as necessary, and at least quarterly during the child's stay at the Facility;

10. Assessment of the child upon admission will be in the areas of:
 - a. Medical status;
 - b. Education;
 - c. Occupational Therapy;
 - d. Speech Therapy;
 - e. Personal/Social Development;
 - f. Recreational; and,
 - g. Life Skills Development
11. The Facility will use methods and procedures in assessing the child that are appropriate considering the child's age, cultural background and dominant language or mode of communication;
12. The Facility prohibits all cruel and unusual punishment of children, including, but not limited to the following:
 - a. The use of aversive conditioning techniques, unless specifically requested and authorized by a physician, the Parents, and Placing Agency, and documented in the child's individual developmental plan;
 - b. Locked seclusion room/isolation room;
 - c. Punishments including any type of physical hitting;
 - d. Physical exercise used solely as a means of punishment;
 - e. Requiring the child to take an uncomfortable position or forcing the child to repeat physical movements when used solely as a punishment;
 - f. Withholding of any meal;
 - g. Denial of sufficient sleep;
 - h. Denial of clothing, shelter, or bedding;
 - i. Extensive withholding of emotional response or stimulation;
 - j. Chemical, mechanical, or excessive physical restraint;
 - k. Exclusion of the child from entry to the Facility;
 - l. Assignment of unduly physical strenuous or harsh work; and,
 - m. Punishment which subjects the child to verbal abuse, ridicule or humiliation.
13. Abuse Prevention/Risk Management Plan: Northwood practice is to use the most positive and least restrictive approaches to changing behavior. Our policy is that physical holding be used only in emergency situations involving a likelihood that the student will physically harm him/herself or others. Physical holding is used only when authorized as part of the student's treatment plan and by staff trained in Crisis Prevention Institute - Non-violent Crisis Intervention techniques. Northwood has no secure rooms and does not use restraint devices to control violent students.

The Facility will only use physical holding, to be documented in the child's case record, and re-authorized quarterly if needed, if the following situations warrants its use:

- a. to end a disturbance that threatens physical injury to the child;
- b. to end a disturbance that threatens physical injury to other;
- c. to take from the child a dangerous object which the child has threatened to use against himself/herself or others.

- d. time-outs may be used for brief periods of time and will not occur away from the students.
- 14. The Facility will not use psychotropic medications as a means of punishing or disciplining the child;
- 15. The Parents and/or Placing Agency shall always be involved in the decision to therapeutically use any psychotropic medication with the child; whenever possible, the Facility shall obtain, prior, informed, written consent to the use of any psychotropic medication from the Parents and/or Placing Agency;
- 16. All use of psychotropic medications shall be duly, authorized only by a licensed physician and recorded in the child's case record;
- 17. The Facility shall allow all children the opportunity to participate in religious activities and services in accordance with the child's faith or that of the Parents; the Facility shall provide or arrange transportation, when necessary;
- 18. Children shall not be coerced to participate in any religious activities but may be encouraged to do so;
- 19. Parents are always, with prior arrangements, encouraged to visit their child at the Facility;
- 20. The Facility shall protect the Confidentiality of the Parents, child, and records, and shall only release information to others when authorized to do so, in writing, by the Parents and/or Placing Agency, unless court ordered to do otherwise;
- 21. Advocacy services will be available to children and their families. These services include the State of Minnesota Office of Ombudsman for mental health and mental retardation (1-877-766-5481) and other services i.e. Black Advocate, Indian Advocate, Guardian Ad Litem Services.

Children's Rights: The Facility adheres in its policies and procedures to certain rights of children receiving treatment services at the Facility:

A list of these rights will be explained and provided to the child, Parent(s), and Placing Agency at the time of admission. A signed copy, if appropriate, will be located in the Agency's file.

Parents's Rights: The Facility adheres in its policies and procedures to certain principles of the rights of Parents.

A list of these rights will be explained and provided to the Parent and Placing Agency at the time of admission to the program. A signed copy will be located in the Agency's file.

Patient's Bill of Rights: The Facility adheres in its policies and procedures to certain principles of the rights of children and their families receiving services at the Facility.

A copy of the Patient's Bill of Rights will be explained and provided to the child and family. A signed copy will be located in the Agency's file.

Basic Services: The basic services provided for by this Agreement shall be as follows:

1. Residential treatment group living;
2. Special education services;
3. Assessments;
4. Individual treatment planning;
5. Recreational and social programming;
6. Chapter I, speech, and occupational therapy services, if indicated;
7. Psychiatric, psychological, and medical consultation;
8. Casework services and family communication;
9. Routine (yearly) medical and dental checkups;
10. Routine health care; nutritious meals, and adequate clothing;
11. Individual, group and family therapy, when indicated.

Auxiliary Services: The following services, if indicated, may be provided at the discretion of the Facility:

1. Family counseling or therapy;
2. Supervised home visits;
3. Agency transportation of the child on home visit;
4. Agency in-house psychological testing; and,
5. Special child and family follow-up programs.

Additional Services: The following services may be provided by the Facility upon written authorization, and acceptance of responsibility for payment, by the Parents and/or Placing Agency:

1. Off-campus psychiatric, psychological, or medical diagnosis, testing, or counseling;
2. Surgery, and, other than routine (yearly) medical or dental care, medical, eye, or hearing services recommended and authorized by a licensed physician;
3. Non-per-diem reimbursed child care expenses required for the child;
4. Home visits over seven (7) days; (**Diagnostic & Assessment Center N/A**)
5. Campships fees for the child;
6. Home visit transportation for the child beyond what the Facility routinely provides to other residents' and,
7. Psychotropic medications or eye glasses for the child.

Extent of Agreement:

1. It is expressly understood and agreed among all parties that the Facility's Host County Contract; the Placement Contract between the Placing Agency and the Facility; all applicable Federal, State, and local laws; and the Parent's Service Plan and Agreement with the Placing County shall in all instances, or wherever conflict exists with the terms herein, take precedence over this Placement Agreement;
2. This Agreement may be amended if approved and signed by all parties. The written amendment will be attached to the Original Agreement.

Compensation:

1. The Facility will bill the Placing Agency monthly for Basic Services according to the per diem amount set in the host county Purchase of Services Agreement. The Placing Agency reserves the right to determine the suitability of the placement throughout its duration, and the Facility shall rely on the determination of the Placing Agency. Therefore the Placing Agency promises it will pay these charges for the period the child is in the care of the facility, notwithstanding any negative findings by some third party regarding the "medical necessity" for the service.
2. Compensation for Auxiliary or Additional Services shall either be directly to the vendor by the Placing County and/or Parent or to the Facility as stipulated in written authorization or agreements for the service performed.

Length of Agreement:

1. This Agreement, and, as amended, shall remain in force for the duration of the child's stay at the Facility;
2. This Agreement may be terminated by any party upon thirty (30) days (Residential) five (5) days Diagnostic & Assessment Center written notice stating reason for termination;
3. The Parents authorize and agree that the child will not be removed from the Agency without prior approval of the Facility and the Placing Agency;

Changes:

1. All parties may from time to time request changes in the provisions of this Agreement. Such changes which are mutually agreed upon by and among all parties shall be incorporated in written amendments to the Original Agreement.

Medical Services:

The Parents and Placing Agency agree to and authorize the following medical services and provisions:

1. Medical and dental care, and planned surgery, in the best interest of the child's health, as determined by the Facility's Consulting Physician and/or dentist;
2. Any emergency medical or dental treatment that may be necessary for the child; the Facility shall always attempt to gain prior approval for any emergency treatment but all parties agree that this may not always be possible and, therefore, in the best interest of the child's health the Facility is authorized to provide for emergency care without prior approval if such approval cannot be reasonably gained, and, the Facility agrees to notify and gain approval of the Parents, and/or Placing Agency as immediately as feasible without endangering the child;
3. That the child shall receive all medical or dental services from Duluth area physicians or dentists unless consultation or treatment outside the Duluth area is recommended by medical or dental professionals or decided upon by the President/CEO of the Facility and approved by the Parents if appropriate;
4. That similar psychotropic medications that the child may be taking at the Facility be available to the child in home visits and dispensed according to the physicians instructions;

The Facility hereby agrees and confirms that it shall adhere to the following procedures and practices regarding medical services:

1. That the child shall receive timely and competent medical care routinely, and when ill that he/she will continue to receive necessary follow-up medical care;
2. That every effort will be made to maintain the child in his/her normal environment during an illness;
3. That every effort will be made to insure that if the child requires glasses, a hearing aid, a prosthetic device or a corrective device the necessary equipment or device will be provided;
4. To use competent, professional and qualified licensed medical or dental professionals to provide care or consultation regarding the child's health needs;
5. To always notify, and whenever possible, gain prior approval, except for routine medical or dental care, from the Parents and/or Placing County for any surgery or emergency medical or dental treatment for the child;
6. To include medical or health concerns and use of psychotropic medications, if any, in the child's individual developmental plan;
7. To maintain accurate, up-to-date medical records for the child while in the residence at the Facility; these records shall contain, but not be limited to:
 - a. Information related to special nutritional needs of the child;
 - b. Ongoing appraisal of the general health of the child;
 - c. Admission physical and medical assessments upon admission;
 - d. Immunization history;
 - e. Any allergies to medication and other allergies;
 - f. History of serious illness, serious injury or major surgery;
 - g. Medication, injury, or illness reports;
 - h. Medication history;
 - i. Current use of prescribed medication;
 - j. A cumulative record of all medication dispensed;
 - k. Written medication schedules;
 - l. Medical staffing reports and summaries;
 - m. All medication errors;
 - n. Prior, informed, written consent from the Parents and/or Placing County, unless court ordered, for all medications prescribed;
 - o. All dental services received;
 - p. Height and weight records; and,
 - q. Medical Discharge Summary.
8. To have a licensed or registered nurse supervise the administration of all psychotropic medications;
9. To ensure that usage of medications are in accordance with the goals and objectives of the child's individual developmental plan;
10. To have written procedures for Facility staff to follow in case of a medical emergency;
11. To have at least one staff member on duty with each group of children at any given time who is certified to administer First Aid;

12. To not require the child to receive any medical treatment if the Parents object to medical treatment on the grounds that it conflicts with the tenets and practices of their church or religious denomination; the Facility in potentially life threatening situations to the child shall refer the child's care to appropriate medical and legal authorities.

The Facility hereby agrees and confirms that it shall adhere to the following procedures and practices regarding illness, accident, or death;

1. To immediately notify the Parents and the Placing Agency of any serious illness, incident involving serious bodily harm or any severe psychiatric episode involving the child; and,
2. To immediately notify the Parents and the Placing Agency and other appropriate statue authorities in the event of death of a child in its care and to cooperate in arrangements for examination, autopsy and burial.

Visitations: All parties agree to the following provisions regarding visitations to and from the Facility:

1. To provide a minimum of twenty-four (24) hours prior notice of all visitations;
2. To reach mutual agreement upon admission of the child to the Facility of a period of time whereupon the child would not go on home visits; this agreement will be documented in admission reports;
3. For the Facility's Team Supervisor to develop a flexible visitation plan for the Parents, and others approved by the Parents, to the Facility after admission; this plan to be documented in treatment reports and may be adjusted periodically as circumstances dictate;
4. All visitations will be arranged through the Facility;
5. That a home visit plan be developed, if appropriate, at the child's first staffing; **(N/A for Diagnostic and Assessment Center).**
6. That the Facility will encourage frequent, planned, visitations by the Parents, and approved others, to the Facility;
7. That the visitation plan may be curtailed or altered by the Facility if documentation can be made that it is in the best interest of the child to do so; the Facility will be responsible for consulting in detail with the Parents and/or Placing Agency the reasons, circumstances, etc., for curtailing a visit or plan and shall re-institute the visitation plan as quickly as possible according to the child's best interest;
8. That the Parents and/or Placing Agency shall provide the Facility a written authorization of persons approved to visit the child at the Facility and whether there are any restrictions to the visits.

Communications:

Phone Calls: All parties agree that a phone call plan, if appropriate, will be agreed to upon the child's admission, or shortly thereafter, and may be amended from time to time upon the agreement of the Facility and Parents; specific agreements are:

1. The Facility encourages phone communication between the Parents and child;

2. The Parents may call the Facility anytime to inquire about the child or Facility program;
3. The Parents agree to adhere to the phone call plan and schedule;
4. The Parents agree to provide the Facility with a written authorization of persons approved to phone the child and whether there are any restrictions; the Facility will not acknowledge the child's residence at the Facility or allow phone calls without written authorization.
5. Private phone calls will occur between the child and family unless restricted due to not being in the child's best interest or due to court orders. When such restrictions exist, rationale must be documented in the case record, approved in advance and reviewed monthly by the Program Director or his/her designee, and reviewed weekly by the applicable Team Supervisor.
6. At no time will a student's telephone contact be restricted unless such contact is written into the student's developmental plan and/or there is an existing and current court order indicating such contact must be monitored, supervised, or in any way restricted.
7. Any telephone contact restriction as outlined in #6 must be documented in the student's developmental plan and reviewed as in #5 above.

Letter Writing: All parties agree that:

1. Letter writing between Parents and the child are encouraged, if appropriate; if not appropriate, the reasons will be documented in the child's case record. Letters, to and from the child will be uncensored; unless it is suspected to contain inappropriate and/or dangerous information/materials, in which case it will be opened in the presence of designated personnel.
2. The Parents will keep their letters to the child short and happy and avoid detailing problems that might upset the child;
3. The Parents will provide the Facility with a list of authorized persons who may write to the child;
4. The Parents will not, except on birthdays or special holidays, send the child food, money, toys or clothing;
5. The Facility will provide the child with a weekly allowance; the child may have a bank account, and will receive regular reports on the status of his/her account, that will be provided to the child in full, with interest upon discharge.

Treatment Reports:

1. The Facility agrees, if appropriate, to provide the Parents with all developmental plans and reports on the child;
2. The Facility agrees to provide the Placing Agency with all developmental plans and reports on the child.
3. The Facility agrees to allow the parents and the child the right to review their case records, unless prohibited by law or determined to be harmful to the child and family served. Such review must be consistent with all applicable legal requirements, conducted in the presence of professional personnel on Northwood's premises, and carried out in a manner which protects the confidentiality of family members and others whose information may be

contained in the record. In circumstances whereby Northwood determines such review would be harmful and applicable law does not prohibit nor require such review, Executive personnel will review, document in writing, and enter such documentation into the case record reasons for the refusal.

Case records may be reviewed by qualified professionals acting on behalf of the child and parents provided the professional signs a written statement that the information determined harmful will not be provided to the person/people served.

Written and Oral Communication Needs of Students and their Families: In order to provide effective communication for all of our students and their families, written and oral language assistance will be provided as needed. Specifically, Northwood will assure the availability of translators/interpreters for those whose use and understanding orally and in writing of the English language is limited or non-existent; for those who have hearing impairments, for those experiencing literacy difficulties, and for those with other special needs. Services will be provided via bilingual staff who are trained and competent in the skill of interpreting, contracting with outside interpreter services, arranging formally for the services of voluntary community interpreters, and/or arranging/contracting for the use of a telephone language interpreter services via those who are trained and competent in the skill of interpreting.

The use of friends, family, and minor children as interpreters will be avoided. Such utilization could result in a breach of confidentiality or reluctance on the part of individuals to reveal information critical to their situations.

Unauthorized Absences: All parties mutually agree that the following procedures will be followed for any unauthorized absence of the child from the program.

1. The Facility shall determine that an absence has occurred;
2. Facility staff will be sent to search for the child;
3. The police will be notified after a one (1) to two (2) hour absence of the child;
4. Parents will be notified if the child has been on unauthorized leave over four (4) hours;
5. Parents and the Placing agency will be notified whenever the child has been away overnight on an unauthorized absence;
6. Parents and/or Placing Agency will be immediately contacted upon a child's return to the Facility from an unauthorized absence;
7. The Facility will be immediately contacted if the child contacts the Parents, the Parents know the whereabouts of the child, or the child arrives home on an unauthorized absence; and,
8. All parties acknowledge that the Facility will take all precautions possible to avoid unauthorized absences of the child but that, from time to time, these absences may occur due to the Facility's open campus.

Grievance Procedures: Both Parents and the child need to know they can safely and honestly voice disagreements and problems in an appropriate way. Therefore, all parties agree that the Facility will have grievance procedures for Parents, and the child, and to adhere to these procedures.

Abuse and/or Neglect: It is our intent and commitment to provide all children in our care with the best care and treatment, however, in the rare event that an incident of abuse or neglect occurs, at the hands of our staff or another resident, the

Facility agrees to follow the following procedures:

1. Collect all data and document the abuse or neglect incident;
2. Have the Facility nurse and/or hospital emergency room physician personally examine the child and document the results of this examination;
3. Immediately, or as soon as abuse or neglect is documented contact the Parents and/or Placing Agency;
4. Take appropriate measures to separate the perpetrator, if another resident, to assure safety of the child, and to apply a reasonable discipline;
5. Immediately suspend the Facility staff member, if any involved in the abuse or neglect incident, until the investigation is completed; terminate or follow the Facility's Employee Counseling Procedures with the staff member if the abuse or neglect is proven; and,
6. Report any suspected or alleged incident of abuse or neglect to the appropriate authorities and cooperate fully in any investigation of the incident.

Educational Placement: It is agreed by all parties to comply with Federal Laws (PL94-142) Minnesota State Laws (Chapter 7) and I.S.D. #709 policies regarding educational services for this child; therefore, it is agreed as follows:

1. The child will receive Level VI (Residential Special Education Services) at the Facility's school until the Facility's educational and treatment recommend a less restrictive school placement;
2. The services will begin on the effective date first written above or within 2 days of placement.
3. That the Parents, whenever possible, will attend staffings and educational meetings to assist in their child's educational planning;
4. That in the Parents absence the Parents agree that the Facility's Team Supervisor will participate as the representative of the Parents, and are empowered to sign educational plans and reports on behalf of the Parents;
5. The signed educational plans and periodic review reports will be forwarded to the Parents for approval;
6. The Parents will, if not in agreement with the plan, object in writing within ten (10) days of receipt of the plan or review and request a conciliation meeting to work out an acceptable plan;
7. The Parents and Placing Agency authorizes the Facility to share any materials in the child's case record with the Facility's Diagnostic and Assessment Teacher;
8. The Facility agrees to either have destroyed or returned to the child's case record all non-educational materials provided to educational staff;

9. The Parents and Placing Agency agree that the Facility may, upon its judgment, provide the child's Home School District or forwarding school with educational as well as psychological tests and/or reports on the child;
10. The Parents and Placing Agency agree and authorize, in order for the Facility to test and observe the child's weaknesses, strengths, and skill levels in order to plan the most appropriate educational and treatment program for the child;
 - a. Assessment of the child in the areas of: emotional and social development; speech; occupational therapy; educational functioning and attainment;
 - b. A specialist in each area to use specific tests to assess each area;
 - c. Adding an addendum to this agreement if permission to assess is not provided or specific tests not authorized, outlining reasons and/or specific tests not authorized.

Research, Evaluation and Follow-Up Program: Whereas, the Facility has an ongoing research and evaluation program that includes the collection of follow-up data on discharged children and their families; therefore, the Facility agrees that:

1. The Confidentiality of all information collected will be assured through the use of identification numbers and publishing results only through aggregate totals;
2. The names of Parents and the child will not be identified in any publications;
3. The information collected through the Agency's research and evaluation program will be primarily used for statistical information reporting purposes to public agencies; data for Agency program changes and/or improvements; and, for staff feedback purposes; and, therefore, the Parents and Placing Agency authorizes:
 - a. The Agency to include the Parents and the child in the Agency's research evaluation, and follow-up program; and,
 - b. The Agency agrees that the Parents and/or Placing Agency's prior authorization will be required for the Agency to include the child in any research project that goes beyond the purpose described above.
 - c. The Agency will assure the child and parents that participation in research is voluntary and will not affect services received if declined.
 - d. The Agency prohibits the use of financial incentives for recruiting research participants.

Pictures, Public Performances, Public Statements:

1. The Parents and/or Placing Agency hereby agree and authorize the Agency to use pictures of the child in Agency brochures, bulletins, newsletters, catalogues, movies, and other publications;
2. The Agency agrees to maintain the child's Confidentiality by not using the child's name in any publication, movies, or film strips.
3. The parents, placing agency, and/or the child hereby agree and authorize the child to voluntarily participate in public performances;
4. The agency agrees to maintain the child's confidentiality by not using the child's name regarding any aspect of public performances;
5. The parents, placing agency, and/or the child hereby acknowledge that the agency does not require or encourage persons served to issue public statements

- expressing gratitude to the organization;
- 6. The agency agrees to maintain the child’s and/or parents confidentiality by not using the child’s and/or parents name should any public statements be voluntarily made.

RECREATIONAL PROGRAMMING:

Whereas, the Agency desires to provide a wide range of social and recreational opportunities to children in placement in order to help them grow and develop appropriately; therefore, the Parents authorize the Agency to:

- 1. Include this child in all off-campus recreational and social programming including activities into the State of Wisconsin and other bordering states, deemed beneficial to the child by Agency staff;
- 2. Activities authorized, but not limited to, are:
 - a. camping trips
 - b. picnics, swimming, fishing, and other water related activities;
 - c. movies, roller skating, shopping trips, sporting events;
 - d. Sunday School, Boy or Girl Scouts, 4-H;
 - e. day long excursions and/or field trips;
 - f. activities to the Agency's cabin; and,
 - g. skiing and/or skating activities.
- 3. The Agency will provide supervision by qualified and experienced treatment staff according to the Minnesota Department of Public Welfare's rules and regulations;
- 4. The Agency will not include the child in any activities prohibited in the child's treatment and medical records and will record all off-campus activities in the child's daily treatment records;
- 5. The Parents authorize the Agency to include the child in all on-campus activities deemed beneficial and appropriate to the child in the judgment of Agency staff;
- 6. The Agency will gain written approval from the Parents and/or Placing Agency to include the child in off-campus activities that go beyond the scope of this agreement or which may contain some element of risk in the judgment of Agency staff;
- 7. The Agency agrees to take all steps necessary for the child's safe preparation and participation in any social or recreational activity;
- 8. The Parents agree to provide, in writing, within ten (10) days receipt of a treatment plan, to the Agency, any disapproval or disagreement with any social or recreational programming documented for the child.

Chart of Responsibility:

<u>Facility</u>	<u>Parents</u>	<u>Placing Agency</u>
Child Care	Decision to place your child	Providing pertinent case material
Clothing	Attending meetings with our staff	Arrange financing

<u>Facility</u>	<u>Parents</u>	<u>Placing Agency</u>
Therapy	Corresponding with your child	Attend staffings when possible
Treatment Plan	Agreement with our policies	Communicate with parents and with Northwood
Communication with parents and other agencies	Agreement with County re: Finances	Assume legal responsibilities if necessary
Physical examination (yearly)	Giving us pertinent medical and historical information re: yourselves and your child	
Education of Child	Notifying us of important changes in your life, such as moving, job change, etc.	

Discharge: All parties mutually agree that:

1. The Facility shall include tentative discharge dates and living resources in all its developmental plans for the child; the Parents and Placing Agency shall immediately notify the Facility of any disagreement with these plans so they can be mutually altered and changed;
2. The Parents and Placing Agency agree that the Facility shall have the right to emergency discharge of the child, with seventy-two (72) hours notice, only where the health and safety of the child or other children might be endangered by the child's continued placement at the Facility;
3. The Facility shall cooperate fully with the Parents and/or Placing Agency when arranging an emergency discharge in placing the child in another program that reasonably meets the child's needs;
4. The Facility shall prepare a comprehensive discharge summary, to be included in the child's case record, and shared with the Parents and/or Placing Agency within ten (10) days of the child's discharge;
5. For an unplanned discharge the Facility shall include in the discharge summary the circumstances leading to the unplanned discharge, the reasons and views of the Facility, and the actions taken by the Facility and the reason for these actions.

Amendments:

1. Upon admission of the child to the Facility this agreement may be amended upon the signed agreement of all parties;
2. All amendments to this agreement shall be attached to the original agreement.

This agreement is executed and effective the day and year first written above. It is agreed by all parties that this Placement Agreement is an attempt to clearly delineate expectations, roles, and respective parties' responsibilities in regard to residential treatment for this child in an attempt to ensure the child's successful treatment. It is also an effort by the Facility to inform the Parents and Placing Agency of the Facility's policies and procedures regarding various program components. Therefore, it is understood that this Placement Agreement is not meant to replace the Placing Agency's Contract with the Facility.

APPROVED:

Facility Representative _____

Placing Agency Representative _____

Parent _____

Parent _____

Child (if appropriate) _____

Witness _____

Copies: 1 Facility; 1 Placing Agency; 1 Parents

Developed: 6/68; Reviewed and/or Revised: 7/81; 7/83; 8/89; 2/95; 2/96; 4/96; 10/96; 3/98; 3/03; 6/07

NORTHWOOD CHILDREN'S SERVICES

ADDENDUM TO PLACEMENT AGREEMENT

EFFECTIVE DATE: _____

CHILD'S NAME: _____

Whereby, all parties involved in the admission of the above-named child to Northwood Children's Services, are aware of the provisions and authorizations granted in the Original Placement Agreement, including, but not limited to the following:

1. Visitation Agreement;
2. Thirty (30) day notice of removal; Five (5) day notice Diagnostic & Assessment Center;
3. Medical care;
4. Authorization to use pictures;
5. Research and Evaluation Follow-Up Authorization;
6. Recreational Programming Authorization;
7. Educational Placement Agreement;
8. Assessment Authorization;
9. Communications Agreements; and,
10. Unauthorized Absence Agreement.

Therefore, it is agreed by all parties that the Original Placement Agreement is amended, upon the effective date first written above, as follows:

APPROVED:

Facility Representative _____

Placing Agency Representative _____

Parent _____

Parent _____

Child (if appropriate) _____

Witness _____

Developed: 6/68

Reviewed and/or Revised: 7/81; 7/83; 8/89; 10/94; 2/95; 2/96; 4/96; 10/96; 3/98; 4/99; 3/03; 04/05

NORTHWOOD CHILDREN’S SERVICES

PRESCRIBED MEDICATION RELEASE FORM

Complete this form if you desire your child to continue any currently prescribed medication.

I authorize Northwood Children’s Services to administer the following:

NAME OF MEDICATION	DOSAGE	TIMES GIVEN PER DAY
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to _____
(Child’s name)

This is/these are the medications prescribed before admission to Northwood Children’s Services and to be continued at this time.

I understand the reason for and the possible side effects of this/these medications.

Date: _____ Signed: _____
(Parent or Guardian)

Reviewed/Revised: 03/03; 4/05; 11/05

NORTHWOOD CHILDREN'S SERVICES
Physical Examination Record

Admission _____ Annual _____ Discharge _____

Name: _____ **Date:** ___/___/___ **D.O.B.:**
___/___/___

Ht: _____ Wt: _____ B.P. _____ T: _____ P: _____ R: _____ UA: _____ Hgb: _____

Allergies:

Current Medication(s): _____

Medication History: _____

Immunizations:

DPT: _____ HIB: _____

Td: _____ HEP B: _____

MMR: _____ Varicella: _____

Polio: _____

Mantoux: _____ Other: _____

Medical History: _____

Ongoing issues:

Vision: Glasses: _____ Yes _____ No Vision Screen: _____ Right _____ Left

Hearing: _____ Right _____ Left

Presenting Problems/Current Issues: _____

EXAMINATION	NORMAL	ABNORMAL	COMMENTS
General			
Head			
Eyes			
Ears			
Nose			
Mouth/Throat			
Neck			
Chest/Breast			
Lungs			
Heart			
Abdomen			
Genitalia			
Rectal			
Back/Spine			
Extremities			
Neurological			
Skin			
Other			

Summary/Recommendations:

Physician's Signature: _____ Date: _____